

## **Required Review Content**

Recommended Form Revised 6/2011 Sponsored Center Site Review Form

## **CACFP Sponsored Center (Site) Review Form**

Iowa Child and Adult Care Food Program

Requirement: Sponsors must adequately train, supervise and review sponsored centers (sites) to ensure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation, and 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review. Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites equals 3 times the number of total sites and the State is notified in the management plan that review averaging will be used. Review averaging cannot be used for sites with serious deficiencies. No more than 6 months may elapse between reviews, and no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. Unannounced reviews must be conducted at varied intervals so sponsored center sites cannot predict when reviews will take place. Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official. Required review items are highlighted.

1. REVIEW INFORMATION Fiscal year reviews: Pre-appro	val $\Box$ 1 <sup>st</sup> $\Box$ 2 <sup>nd</sup> $\Box$ 3 <sup>rd</sup> $\Box$ Review averaging: Y $\Box$ N $\Box$
Sponsor name:	Site name:
<b>THIS REVIEW:</b> Date: (Some items, marked with a $\sqrt{may}$	need to be completed before the review).
Reviewer: Arrival: D	eparture: Announced□ Unannounced□ Meal Visit□
If visit is at meal time, list meal time submitted on site appl	ication to State Agency:
License/approval expiration date: Capacity:	
• Was the center over capacity on the day of the review? Y□	$\mathbb{N}\square$
$$ Are enrollments completed and signed by parents? $Y \square N \square$	
$\sqrt{}$ Are enrollments updated annually? Y $\square$ N $\square$	
	not be claimed for children not in recorded attendance and staff must
be trained to ensure attendance records are current.	
Is attendance recorded separately from meal counts? Y□ N	
$$ <b>LAST REVIEW</b> : Pre-approval $\square$ 1 <sup>st</sup> $\square$ 2 <sup>nd</sup> $\square$ 3 <sup>rd</sup> $\square$	Were there any required changes from the last review? $Y \square N \square$
Date: Announced ☐ Unannounced ☐	If yes, record:
Reviewer:	Were any serious deficiencies identified? $Y \square N \square$
Meal observed last review: B A L P S E None	(If yes, the current review must be unannounced.)
PARENT CONTACT ASSESSMENT: PARENT CONTACTS AR	E NOT REQUIRED FOR ADULT CENTERS, OUTSIDE SCHOOL HOURS CHILD
CARE OR AT RISK AFTER SCHOOL SNACK PROGAMS.	
	al attendance for the last completed claim month divided by the number of
days meals were claimed.)	w/d 1 /d C \ '1 /C' 11 ' d '
A parent contact is needed if three factors with double asterisks*	(throughout the form) are identified during the review.
Total daily attendance observed at this review:	1 17 18 17 17
**Is today's total attendance reasonably similar number to to	· •
**Do parents sign children in/out? (staff may sign children	• • •
• Were other factors identified during review? (Questions with	• • • • • • • • • • • • • • • • • • • •
• Is a household contact needed? (Three or more factors iden	
	E Non-Meal Visit Answer Y, N or n/a for each classroom or age group.
Enter classroom or age group→	Comments
Was meal served within ½ hour of State approved time?	
Did staff sit with participants, enjoy and discuss foods?	<del>                                     </del>
Was meal adequately supervised? Was the meal served family style? If yes:	
Were participants appropriately encouraged to try all foods.	22
Were bowls and utensils sized for easy passing and serving     Wes anough of each required food on table at beginning of	
<ul> <li>Was enough of each required food on table at beginning of meal for each person seated to have a full serving?</li> </ul>	
If staff served food, were the required amounts on the plate (cup)	
at the beginning of the meal?	
Was mealtime atmosphere pleasant, relaxed and calm?	
Did participants decide how much and which foods to eat?	
**Was an accurate meal count taken at mealtime?	

Record foods served and serving sizes or check if Non-Meal Visit $\square$														
Meal Component	Food Served↓			nount Serv										
		(tota	rving											
Enter classroom or ag	ge group $\rightarrow$													
Milk							received the amount of food?							
Meat/Meat Alt						Y□ N□								
Grain/Bread									Were meal pattern requiremen Y□ N□					
Fruit/Veg								7						
Fruit/Veg								(	Comn	nents:				
Other														
TOTALS		Age/class Total↓:	Age/class Total↓:	Age/class Total↓:	Age/cla Total		Age/cla Γotal↓:	SS						
Total served	Site total:													
Attendance Site total:														
3. INFANTS	□check if i	nfants are e	nrolled	1		Yes	I	No	N/A		Co	omments		
Is parent's choice to accept/														
Are bottles and food labeled														
Are meals recorded reasona	bly close to the tir	ne when ser	rved?											
Are there daily dated menus	for each child or	age group?												
Is there written communicat														
Do meals observed and/or recorded contain required components?														
Are reimbursable foods used														
Is food chosen and textured	to avoid choking?	)												
Do claimed meals contain a														
infants 4-12 months old (wh				meal pattern	)?									
Does the center have policie														
Is food stored properly (pro			ate fro	m medication	ns)?									
Are the refrigerator and foo	1 1													
Is diapering area separate fr		on area?												
Record foods served to				leal Obser		В	A	L			S E			
Meal Component	Iron fortified infant formula or breast milk	Iron-fortifing infant cere		Fruit/Vegeta	ible		eat/M terna			ead/Ci snack	rackers only)	Juice (snack only)		
Birth through 3 months		None requ	ired	None requi	red	None	e req	uired	No	one re	quired	None required		
4 through 7 months		Optional		Optional		None	e req	uired	No		quired	None required		
8 through 11 months										Optio				
Attendance		None requ		None requi				uired			quired	None required		
Total infants served		None requ	ired	None requi	red	None	e req	uired				None required		
4. SAFETY/SANTAT								Yes		No	N/A	Comments		
Do participants and staff wa		nd after mea	als and	after using	the re	stroo	m?							
Are can openers washed dai														
Are dining tables washed ar														
Are the refrigerator(s) clean									$\perp$					
Are the freezer(s) clean and									$\perp$					
Are disposable gloves or cle					_									
Is the three step manual dish					ize on	e								
minute in solution of 1T. blo				y).										
If a dishwasher is used, does				120 4	.9				+					
If chemical sanitizing, does					5 !				+					
If heat sanitizing, does the r	mse temperature r	each at leas	t 133 C	iegrees!										

SAFETY/	<u>5A</u>	<b>I</b>	A	11	.OI	<b>1</b> (1	CU	NI	IN	UŁ	ED)												Ye	S	1	No	N/A		Comment	•
Are transport	ed	foo	ds l	кер	t at	saf	e te	mpe	ratu	ıres	(<4	1°F,	, co	ld f	oods	s & :	>14	ŀ0°F	F, ho	ot fo	ods	)?								
Is an appropr	iate	sa	niti	zer	use	ed o	n fo	od	cont	tact	surf	aces	s? ]	List	:															
If bleach is u	sed	for	foo	od	con	tact	sur	face	s, is	s it 1	mixe	ed p	rop	erly	(da	ily d	& 1	tsp	. /qt	. w	ater)	)?								
If bleach is u	sed	for	cla	iss1	rooı	m ta	ble	s, is	it n	nixe	d pr	ope	rly	(dai	ly &	t 1 7	Γ./q	t. w	ater	)?										
Do food hand	ller	s w	ash	ha	ınds	s be	fore	har	ıdliı	ng f	ood	& a	fter	tou	ichii	ng a	nytl	hing	gun	san	itary	7?								
Is food serve	d at	ap	pro	pri	ate	tem	pera	atur	es?																					
Is food prope	rly	sto	red	in	refi	rige	ratio	on u	nits	anc	l in	dry	stoı	age	are	as (l	labe	eled	, sea	aled	•,									
insect proof)	?					-						-		_																
Are regular v	vritt	ten	cle	ani	ng :	sche	edul	es f	ollo	wec	1?																			
Is a licensed	pes	t co	ntr	ol s	serv	rice	use	d re	gula	arlyʻ	?																			
Are food stor	age	are	eas	fre	e o	f pe	sts,	clea	nin	g su	ıppli	es a	ınd	mec	licir	es?														
Are there any	ob	vio	us	fire	e, he	ealtl	ı or	safe	ety l	haza	ırds	obs	erve	ed i	n the	e cei	nter	?												
5. CIVIL																														
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Are families																		nt?				-								
Are racial/ethr																			nilies	s)?		-								
Have all staff							_														d )									
Are all allow																						-								
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6. RECOR							, ui	ouo1	1111	unc	• 1144	10116	<b>41</b> 0.	11811																
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FIVE-DAY records for each	ME2	L tvr	INC se (T	∠II R–h	JIA reak	IIU fast	JIN: A-a	m sn	ıpare ack	the I—h	meal mch	COUI	nts to m sn	o atte	endar	nce ai med a	nd ei durii	nrolli ng th	ment	info rent	or la	tion fo	n fi m r	ve co	onsec	cutive omple	days using	g the c	center site's	of
the participants																														
meals are served																		e, thi	s is a	disc	repa	ncy a	nd a	fact	or fo	or a pa	rent contac	et. Tł	ne meals mus	st be
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Name↓	- 1	Da	tes	$\downarrow$		В	Α		Р	В	Α		Р	В	Α	1	Р	В	Α	1	Р	В	Α	L	Р	(Mı	ust be with	hin		
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8. TRAINING		Yes	No	N/A	Comments 3
Do key staff * have at least 1.5 hours of CACFP training prior to Program	n operations or				
within the last year, and enough to do duties correctly? (Staff may need a	nore than 1.5				
hours to correctly perform CACFP duties.)					
If no, list CACFP staff, training topics needed and when this v	vill be provided:	(List st	aff name	es, topics	and dates)
9. TEAM NUTRITION					
Do participants have several daily opportunities to learn about food, heal	thy eating and				
physical activity?					
Do children have opportunities for open and adult-led physical activity d	aily both				
indoors and outdoors (about 60 min. total for children)?					
Do participants have weekly planned food or nutrition activities?  Do families receive information on center nutrition and physical activity	nolicies when				
they enroll?	policies when				
Do participants with special needs have their nutrition and physical activ	ity needs				
provided for while they are in care?	3				
10. FINDINGS					
$\sqrt{\text{LAST REVIEW}}$ : List any required changes from the last review and des	cribe sponsor activ	ities con	ipleted to	address t	<b>hem:</b> Check if n/a□
Have required changes from previous review(s) been maintained? $Y \square N \square$ (if r	na avnlain):				
Have required changes from previous review(s) been maintained: 1 \(\text{1} \) \(\text{N}\) (ii)	io, expiaiii).				
WHIC DEVIEW					
THIS REVIEW: Good management practices observed:					
Over management provides observed					
Recommendations:					
	Corrective action pl	lan to ad	dress req	uired cha	nges: Check if n/a□
check here if any serious deficiencies were found. Identify which find-					
ings were serious deficiencies.					
If this review identified the need for a parent contact, describe the findings/	resolution: Check	if n/a□			
parameter, we will be a second of the same and the same a					
Reviewer Signature:	Center Staff Signat	ure:			

<sup>\*&</sup>quot;Key staff" that must receive yearly CACFP training are private for-profit center owners, staff with CACFP responsibilities including but not limited to administrative and foodservice staff, site monitors, all teachers/staff with mealtime responsibilities, and volunteers or board members with primary CACFP mealtime and/or decision-making responsibilities pertaining to the claim.